

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021415

State File No.

2588

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | c. LENGTH OF STAY (in this place) <u>9 yrs.</u> | c. CITY OR TOWN <u>Kansas City</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hosp.</u> | | e. STREET ADDRESS (If rural, give location) <u>3220 Chestnut</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>Charles</u> c. (Last) <u>Townes</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-29-57</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u> | 8. DATE OF BIRTH <u>2-17-48</u> | 9. AGE (In years last birthday) <u>9</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>UNKNOWN</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Francis Townes</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Nancy Walsh 3220 Chestnut</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN TUMOR Right + Posterior, Meningeal</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>223X</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>1</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 5-24, 1957, to 5-29, 1957, that I last saw the deceased alive on 5-29, 1957, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>Wayne Hart MD</u> | 23b. ADDRESS <u>Mercy Hospital, K. C. Mo.</u> | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/3/57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>6-1-57 new Minshall</u> | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Badeau, Appleton & Jones, K. C. Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Je 1-3305



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by; Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed *Conrado A. Galvez Bala*.....

Licensed Embalmer No. 494

P. O. Address *K.C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.